

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 10 March 2016 at North West Surrey CCG Offices, 58 Church Street, Weybridge, Surrey KT13 8DP .

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 April 2016.

Elected Members:

- * Mrs Helyn Clack (Co-Chairman)
- * Dr Liz Lawn (Co-Chairman)
- * Dr Andy Brooks
- * Councillor John Kingsbury
- Mrs Clare Curran
- * Dr Elango Vijaykumar
- Dr David Eyre-Brook
- * Julie Fisher
- * Dr Claire Fuller
- * Dr Andy Whitfield
- * District Councillor James Friend
- * Mr Mel Few
- Peter Gordon
- Nicholas Ephgrave
- * Helen Atkinson
- John Jory

* = in attendance

Substitutes:

Mary Lewis
Sue Tresman
Kate Scirbbins

1/16 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received Clare Curran, Ivor Duffy, David Eyre-Brook John Jory and Peter Gordon.

Mary Lewis acted as a substitute for Clare Curran
Sue Tresman acted as a substitute for David Eyre-Brook
Kate Scirbbins acted as a substitute for Peter Gordon

2/16 MINUTES OF PREVIOUS MEETING: 10 DECEMBER 2015 [Item 2]

It was highlighted that Kate Scirbbins' name was spelt incorrectly under Item 1, Apologies for Absence and Substitutions.

It was further noted that the action list under Item 5, Board Business, was incorrectly labelled and should be amended to A20/15.

The minutes of the meeting were approved subject to these changes.

3/16 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/16 QUESTIONS AND PETITIONS [Item 4]

There were none.

a MEMBERS' QUESTIONS [Item 4a]

b PUBLIC QUESTIONS [Item 4b]

c PETITIONS [Item 4c]

6/16 BOARD BUSINESS [Item 5]

Key points raised during the discussions:

1. The Board was informed that planning for the submission of the 2016/17 Better Care Fund plan was underway, a briefing detailing the process and timelines was circulated to Board members for consideration. Members were further made aware that the Board would be asked to sign off the 2016/17 Better Care Fund plan at its meeting on 7 April and, as such, would begin with a meeting held in public on 7 April before moving into a private workshop.
2. The Chairman stated that Dr Liz Lawn was stepping down from her role as Clinical Chair of North west Surrey CCG from 31 March 2016 and that, from this date, she would no longer be a member of the Health and Wellbeing Board. The Chairman thanked Dr Lawn on behalf of members for her contribution to the work of the Health and Wellbeing Board. Members were advised that Dr Charlotte Caniff had been elected as the new Clinical Chair of North west Surrey CCG and subsequently would take up position as a permanent member of the Board. Members were further informed that the Board would be asked to formally ratify Dr David Eyre-Brook as Co-Chair at its next meeting held in public.

Actions/further information to be provided:

None

RESOLVED:

None

7/16 FORWARD PLAN AND ACTIONS TRACKER [Item 6]

Key points raised during the discussion

1. The Board was informed that Clinical Commissioning Group (CCG) quality measures had not yet been published by NHS England but that it was hoped these would be made available in time for consideration by members at the Board's informal meeting on 7 April 2016.

RESOLVED:

None

Actions/ further information to be provided:

None

8/16 CASE STUDY - SURREY HEATH INTEGRATED CARE TEAMS [Item 7]

Witnesses:

Jonathan Sly, Integrated Care Manager, Surrey Heath CCG

Key points raised during the discussions:

1. The Board received a presentation on the development of integrated care teams by Surrey Heath Clinical Commissioning Group (CCG). Members were informed that the primary objective of implementing integrated care teams was to manage the demand placed on acute hospitals. This would be achieved by reducing the number of unnecessary hospital admissions, particularly among elderly residents, while also enabling more rapid discharge from hospital. The Integrated Care Manager stated that the model was also focused on delivering improved outcome for patients and enabled a 'one front door approach' through which patients could access all appropriate services.
2. The Chief Officer of Surrey Heath CCG thanked the Health and Wellbeing Board for providing the strategic mandate on health and social care integration which brought Surrey Heath's integrated care teams into existence.
3. Members requested further information on whether integrated care teams are operational over the weekend. The Integrated Care Manager indicated that elements of the service provided by integrated care teams already operated over weekends but that work was still required to make the Service fully functional and effective at weekends. The next phase of the project was to create integrated care teams that were fully functional seven days a week.

Actions/ further information to be provided:

1. Regulatory Committee Manager to circulate the presentation and video on integrated care teams to Board members. **(Action Ref: A1/16)**
2. Integrated Care Manager to circulate details to the Health and Wellbeing Board on how much the acute sector is saving through Surrey Heath's Integrated Care Teams. **(Action Ref: A2/16)**

9/16 SURREY COUNTY COUNCIL AND CLINICAL COMMISSIONING GROUP FINANCIAL CHALLENGES SUMMARY [Item 8]

Witnesses:

Rob Morgan, Chief Finance Officer, Surrey Heath CCG
Sheila Little, Director of Finance, Surrey County Council

Key points raised during the discussion:

1. An updated version of the Surrey County Council and Clinical Commissioning Group Financial Challenges Summary report was tabled at the meeting. The updated report has been attached as Annex 1 to these minutes.
2. The Director of Finance for Surrey County Council (SCC) provided an overview of the Final Local Government Finance Settlement (Final Settlement) and the impact it would have on SCC over the course of the five year settlement period. The Board was informed that the County Council had secured an additional £24.1m in transitional funding from the proposals put forward in the Provisional Local Government Finance Settlement without which it would not have been possible for SCC to put forward a balanced budget. Despite this SCC would still face significant financial challenges which it would seek to mitigate through measures such as a Public Value Transformation review and utilising some of the Council reserves.
3. The Chief Finance Officer for Surrey Heath CCG provided an outline of the financial challenges facing Surrey's healthcare commissioners in 2016/17. Members were advised that, across both commissioners and providers, the County's healthcare economy was in deficit and that CCGs and providers were working together to eliminate this deficit. The Board was informed that, on average, CCGs in Surrey had been allocated an additional 4.6% in funding from the Department of Health (DH). As well as using this growth funding in order to both respond to increased pressure on health services through demographic changes and change the way in which care was delivered throughout the County, it would be necessary for each CCG to use a significant proportion of this extra money to meet the business rules that were attached to the allocation of funding by the DH. The Board was further advised that CCGs which had posted a deficit in 2015/16 would be further required to use some of this additional funding in order to pay back the DH.
4. Members asked the Director of Finance to provide further detail on accessing the Council's reserves in order to mitigate some of the financial challenges facing SCC and how much money it would be necessary to use from the reserves in order to deliver a balanced budget. The Board was told that SCC had a reserve pot of £80 million which could be used to support service delivery, budget projections suggested that £20 million from the reserves over the next two years would be required to achieve a balanced budget. It was anticipated that SCC would gain access to some additional funding through budget equalisations and a reduction in the amount of money necessary for the Council to hold in its insurance reserves which could result in the Council being able to use less money from its reserves than had been forecast. The Director of Finance did state, however, that SCC was unable to use funding which has been earmarked for private finance initiatives and that it was expected that the Council should maintain a minimum general reserve balance of £21.3 million.
5. A member of the Board asked whether there were opportunities for CCGs to collaborate on back office functions as a means of saving money. The Chief Finance Officer stated that the introduction of Sustainability and Transformation Plans (STPs) by the NHS necessitated reflection on the whole and health and social care system

within a specific area which could reveal insights into where CCGs could achieve greater integration of back office functions. Members were informed that CCGs in Surrey had already integrated some of their back office functions in order to reduce expenditure but that 98% of money spent by CCGs in Surrey goes towards service delivery and, as such, the tendency has been to focus on where commissioners can save money in this area.

6. The Board stressed the need to engage with patients and residents in order to clearly understand how health and social care services can continue to be delivered effectively in a challenging financial climate. Members asked that the Health and Wellbeing Board Communications Sub-Group should consider how patient insights into service delivery could be collected and fed into the work of health and social care commissioners. Members further highlighted the need to develop a coherent message when it is necessary to decommission specific services. Residents are understandably concerned when CCGs or SCC indicate that they wish to decommission a particular service and it is important to be clear on the reasons why it is necessary to withdraw this service.
7. A member of the public asked whether it was necessary to have six CCGs in Surrey and if there was any potential to reduce the costs of sustaining the bureaucracy of commissioning health services in the County. The Board stated that STPs have just been announced by the NHS and that these could impact on back office functions although this would become clear once CCGs have had the opportunity to properly consider the implications of the STPs. Moreover, the Government requires all CCGs to deliver annual reductions within their back office and executive functions.

RESOLVED:

The Health and Wellbeing Board noted the financial challenges facing both Surrey County Council and the County's six Clinical Commissioning Groups.

Actions/ further information to be provided:

- i. Agree a date for STP plans to be considered by the Board (**Action Ref: A4/16**).
- ii. Utilise Health and Wellbeing Board Communications Sub-Group to elicit suggestions from the public and patients on service delivery and prioritisation in light of the financial challenges facing SCC and the CCGs (**Action Ref: A5/16**).

10/16 SURREY FOOTPRINT DIGITAL ROADMAP - STATUS UPDATE [Item 9]

Witnesses:

Steve Abbott, IM&T Programme Director, North West Surrey CCG

Key point raised during the discussions:

1. The IM&T Programme Director delivered a presentation to the Board on work undertaken by the CCGs and SCC to support the aims of the NHS' Five Year Forward view through the creation of a digital roadmap that supports the integrated and efficient delivery of health and social care services in Surrey. The Board was informed that the

roadmap was in the process of supporting three digital projects in the County: a communications network, shared care records between the CCGs and SCC as well as a data-sharing agreement. The Programme Director further highlighted key dates for implementing the digital roadmap stating that the interoperability plan would be completed by the end of March 2016. The Board would be asked to approve the finalised roadmap at its meeting in June.

2. The Board stressed that the full range of available systems should be considered during the development of the digital roadmap to ensure that the considerable potential of the project is realised. Members further highlighted the importance of creating intuitive systems which facilitate ease of use for both patients and staff.
3. Members noted that not all of Surrey's CCGs would be included in the Surrey Footprint Digital Roadmap, the Board requested that consideration be given to interoperability between different roadmaps to ensure that residents receive the full benefits of the roadmap wherever they receive care in the County.
4. Further detail was requested on what steps were being taken to ensure that the roadmap also aligned to SCC Adult Social Care and Children's Services. Members were informed that the first phase of the digital roadmap project had focused on designing a roadmap for integrating digital systems within the health care community but that the second phase of the project would incorporate a blueprint for including social care in the digital footprint. The Programme Manager further informed the Board that the CCGs were working with the Local Government Association (LGA) to deliver a digital maturity assessment which would look at the health and social care systems to assess whether they are able to talk to each other.
5. The Board asked what efforts were being made to engage with the public around the digital roadmap. The Programme Manager stated that the roadmap was a framework for developing individual projects. As such public engagement would take place around these projects individually. Each digital project would have specific workstreams that included steps to engage with residents. Advisory groups would be set up for individual projects once they had secured funding.

RESOLVED:

That the Health and Wellbeing Board noted the progress of the Digital Roadmap programme.

Actions/further information to be provided

None

11/16 IMPROVING CHILDREN'S HEALTH AND WELLBEING - PRIORITY STATUS UPDATE [Item 10]

Witnesses:

Julie Fisher, Deputy Chief Executive, Surrey County Council

Sarah Parker, Director of Children's Commissioning (Surreywide), Guildford and Waverley CCG

Key points raised during the discussions:

1. The report was introduced by the Deputy Chief Executive who informed members of the Board that the first meeting of the Children and Young People's Partnership (CYPP) Board had focused on the shared ambitions and challenges of CYPP Board members. Once these shared challenges and ambitions had been synthesised into a set of priorities guiding the work of the CYPP then this would be fed into the work of the Board's Improving children's health and wellbeing priority.
2. The Director of Children's Commissioning stated that the CYPP had identified a number of priority areas which it planned to review and improve including the Early Help service. Members were informed that joint work was also taking place to increase capability and capacity within the provision of children's Special Educational Needs and Disabilities (SEND) services in the County in an effort to deliver improved outcomes and reduce out of area spend. The CYPP's SEND 2020 vision was being developed and Members agreed that the final strategy would be reviewed by the Board at a future meeting.
3. The Deputy Chief Executive stated that, following the publication of Ofsted's report in January 2015, work was continuing to take place in order to improve SCC's Children's Services particularly in areas such as placement stability and in the Referral, Assessment and Intervention Service (RAIS) where the Department for Education and Ofsted recognised that SCC had made significant improvements.
4. The Board received an update on the implementation of the new Children and Adolescent Mental Health Services (CAMHS) contract which had been awarded to Surrey and Borders Partnership Trust (SABPT), the contract would commence on 1 April 2016. Members were updated regarding the successful acquisition of £2 million CAMHS funding from NHS England following the Boards endorsement of the Surrey CAMHS Transformation Plan in Sept 2016.
5. The Board expressed support for the work undertaken in the procurement of the CAMHS contract and securing the CAMHS transformation funding; highlighting that it had the potential to deliver significantly improved outcomes for children suffering from mental health problems in Surrey. Committees in Common set up by the CCGs had played a crucial role in shaping the contract by allowing commissioners share expertise and resources.
6. A member of the public queried the decision to award the CAMHS contract to SABPT in light of their performance during the previous contract which suggested that they were unable to deliver appropriate provision of CAMHS services. The Director of Commissioning responded regarding the process of contract award and referred back to the improvements to be secured through additional investment. A response was also requested in relation to concerns raised about poor standards of care provision within the Children's Incontinence Service reported to the member of the public by families in East Surrey and Guildford and Waverley CCG areas. The Director stated that they were unfamiliar with the specific concerns but that they would look into them responding back to the CCGs whose residents are reporting concerns.

RESOLVED:

The Health and Wellbeing Board agreed to:

- i. note the development of the new Children and Young People's Partnership arrangements
- ii. note the progress report for the 'improving children's health and wellbeing' priority
- iii. receive a further update for the 'improving children's health and wellbeing' priority in six months' time, including a draft of a new Children and Young People's Partnership Plan.

Actions/ further information to be provided:

- i. Senate Day invite to be circulated to Health and Wellbeing Board members (**Action Ref: A5/16**).
- ii. Agree date for Board to consider the SEND 2020 vision (**Action Ref: A6/16**).

12/16 DEVELOPING A PREVENTATIVE APPROACH - PRIORITY STATUS UPDATE [Item 11]

Witnesses:

Julie George, Public Health Consultant, Surrey County Council

Key points raised during the discussion:

1. An introduction to the report was provided by the Public Health Consultant. Members were informed that a Child Obesity Prioritisation Toolkit developed by Public Health England was being tested in Surrey with the aim of developing a coordinated approach to reducing childhood obesity levels across the County. Members were informed that plans were being developed to embed a whole systems approach to tackling childhood obesity by producing a Childhood obesity strategy. The Board were told that work would start on the strategy but the final product would be delayed until the Government had published its national obesity strategy which was due to be released in summer 2016.
2. The Board was told that an evaluation of the combined Surrey Winter Preparedness Communications Campaign was underway. Should analysis show that the campaign had been successful in influencing residents, support would be sought among partner agencies to develop a similar campaign for winter 2016/17.
3. Members received a demonstration of an online Prevention Plan dashboard which had been created by the Public Health and was undergoing some final tests prior to its release. The Board was informed that the dashboard gave commissioners detailed information on how individual CCG areas within Surrey were performing against the Key Performance Indicators which measure the success of local Prevention Plans which constitute the Developing a Preventative Approach Strategy of the Joint Health and Wellbeing Strategy (JHWS). The dashboard enabled health and social care commissioners to compare performance against Surrey as a whole as well as with CCGs which were socioeconomically and demographically similar.

RESOLVED:

The Health and Wellbeing Board agreed to:

- i. Note the content of the report
- ii. support the direction of travel around development of a Child and Family Healthy Weight Strategy;
- iii. endorse the use of the Prevention Plan Dashboard;
- iv. assuming a positive evaluation of the Surrey-wide Winter Preparedness Plan, recommend that the Surrey Health and Wellbeing Board's Communications Sub-Group run a Surrey-wide Campaign for 2016-17.

Actions/ further information to be provided:

- i. Circulate link to prevention dashboard to Board members (**Action Ref: A8/16**)

13/16 PUBLIC ENGAGEMENT SESSION [Item 12]

Key points raised during the discussion:

1. A member of the public asked a question about the of South East Coast Ambulance Service (SECamb) contract in light of the criticism that they had received from Monitor as well as poor performance in the delivery of patient transport services in Surrey. Members stated a system of individual contract management had been introduced for each county involved in the commissioning of SECamb's contract. North West Surrey CCG, who manage SECamb's contract on behalf of the County's six CCGs, have been pushing improvements in the provision of patient transport services in response to concerns regarding poor performance by SECamb. The Board was unable to comment on criticisms about SECamb's performance made by Monitor until the full report had been published.
2. A member of the public expressed concern that the CCGs were not doing enough to train healthcare professionals in the County on how to identify the signs and symptoms of sepsis. The Board stated that national guidelines would be published on how to recognise sepsis which would form the basis for an approach to training healthcare providers.
3. The Board was asked to comment on the announcement that the proposed merger of Royal Surrey County Hospital NHS Foundation Trust and Ashford and St Peter's NHS Foundation Trust had been put on hold. The member of the public asked whether the £14 million spent on progressing plans to merge these foundation trusts was a waste of public money especially given the financial challenges facing both trusts. Members of the Board stated that an increased demand and changes to the financial position of both trusts since the merger was first proposed in 2014 had made it necessary to put plans for the merger on hold until the implications of the changed financial position and increased demand could be fully assessed.

RESOLVED:

None

Actions/further information to be provided:

None

15/16 DATE OF NEXT MEETING [Item 13]

The Board was informed that its next meeting would be held on Thursday 7 April.

Meeting ended at: Time Not Specified

Chairman